

Global Health Policy

Summary: To explore the ethical implications of the growing global economy for health and health care and to develop fair procedures for the just allocation of scarce health care resources.

Section: Ethics and Health Policy – Unit on Public Health

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Background: We live in an increasingly tight-knit global economy that has profound implications for health. The global market place influences both the social determinants of health and the capacity to deliver health care. While many authors have explored either one of these influences, we depart from previous efforts to consider through one lens the implications of globalization on both. Furthermore, we wish to offer a normative perspective on the way globalization affects health – a perspective that has been lacking in much of the literature to date.

Responsibility for the health and welfare of populations has largely been the domain of national governments. Yet several developments make the

location of this responsibility problematic. As international trade grows, the capacity of nations to assure that those factors that influence health will be arranged to the benefit of their citizens diminishes. This reality provokes us to ask: To what extent should trade agreements be attentive to health concerns? To what extent should national priorities related to health be given precedence?

There is currently a great interest in developing health sector reform initiatives in developing countries, but there is a general sense that many of these initiatives will increase health sector efficiency at the expense of equity. There has also been a renewed interest in utilizing international human rights instruments to promote health. A key feature of the human rights approach is a systematic reporting and monitoring procedure, through periodic reports to the UN system. The reports are publicly accessible and open to criticism by NGOs and others. It is generally recognized that this reporting and monitoring procedure is very unsatisfactory for issues related to health. One key unresolved issue is how a right to health relates to international treaties, such as trade agreements. Recently there has also been an increasing awareness that one needs to develop fair procedures for appropriate decision making for health policy, in addition to an emphasis on refinement of substantive principles of justice. Such fair procedures would be a key element in a framework for dealing with the conflicting demands of international treaties relating to health.

Issues of macro-economics and health are becoming increasingly tied to the research agenda, also with the establishment of the Global Fund as well as major new initiatives such as GAVI (Global Alliance for Vaccination and Immunization) and other private public partnerships. Issues of health policy and research are closely interrelated. There is also direct connection between the issues of health policy explored in this project and the international collaborative research carried out by several NIH institutes: A key requirement in any collaborative research is responsiveness to the health care needs of the host country. This can only be done by a detailed attention to how recent trade and health policy developments affect health care delivery.

Objectives:

- 1) To propose fair procedures for health policy based on selected specific country experiences
- 2) To analyze the conflicting demands of international treaties as they relate to health, and then propose fair procedures for dealing with them.

Methodology: The project will be carried out through two interrelated sub-studies.

The first part is an examination and comparison of health sector reform initiatives in three Asian countries: Thailand, Laos and Sri Lanka. Thailand is a relatively wealthy country and has just introduced a universal coverage scheme. Sri Lanka is a poorer country, but with a long tradition of universal and public delivery of health care services. Laos is a very poor country that only recently has begun to liberalize its economy. The study will examine how these three countries deal with liberalization of trade in terms of health sector reform and access to drugs, and draw general normative conclusions from this study. The overall analytical framework will be developed based on the results of these sub-studies, through a series of workshops in the respective countries to obtain feedback from key decision makers. This part will be developed in close collaboration with key health policy researchers in these countries and Norman Daniels of Harvard University.

The second part will examine more specifically how liberalization of trade on a global level affects health. We will focus on three issues: Medical migration from resource poor to resource rich countries, intellectual property rights to pharmaceutical products, and the resolution of conflicts between international agreements regarding health. Again, the focus will be on developing fair procedures to solve the substantive issues involved in these issues. This part will be carried out in close collaboration with an EU funded project on Globalization and Health, coordinated by Emilio Mordini in Rome, and developed through a series of workshops, an international conference and a book project.

Results: This project started in 2002, but is based on previous, related work by Department members. One paper in press sets out an ethical framework for the global marketplace (Danis and Sepinwall). Another paper, by G. Sreenivasan, argues that theories of justice in an international context should focus on achievable goals for the immediate future, and argues that one such goal would be for rich countries to donate 1% of their GDP to improve health, education and social welfare in developing countries. This is in line with previously published work from the research group which argues that, in a resource poor setting, there is ample evidence about what are cost-effective interventions: what one needs is research which aims to identify appropriate political structures that can facilitate implementation of appropriate health care technologies (Jayasinghe et al. 1998). A comprehensive background paper has been prepared for TDR/WHO setting out the general framework of the project (Lie 2002), and a questionnaire study on resource allocation has been done in South/South East Asia (Lie 1999). During 2002 interdisciplinary research groups have been established in each of the three countries, composed of lawyers, health economists, social scientists and medical doctors. The establishment of these collaborative research groups has involved a considerable effort, but will now be an invaluable resource for the studies planned within the framework of this project. Preliminary results have

been presented at the American Society of Law Medicine & Ethics conference in October 2001, the International Society for Equity in Health Meeting June 2002, the 4th International Conference on Prioritization in Oslo September 2002, and the IAB meeting in Brasilia, November 2002.

Future Directions: A research workshop is planned in May 2003 in collaboration with EU researchers. In November 2003 an international conference is planned in Washington. Selected contributions to these two conferences will be published as a book. We want to focus on the relationship between Globalization, International Justice and Health, with planned contributions on principles of International Distributive Justice, International Treaties and International Justice, and the effect of globalization on health. We will also examine the topic of Democratic Priority Setting and the Health Care System, with major chapters on how international treaties such as GATS and TRIPS affect the ability of health care systems to respond urgent health needs of their population. The study on migration of medical personnel will be completed in 2003. The three country study will begin in 2003 and completed in 2005, with a several empirical sub-studies as well as workshops where the conceptual framework will be developed. Another edited book, on Evidence Based Medicine in an international context, will be published by *Springer Verlag* in 2003. This book contains contributions on the role of Evidence Based Medicine in research, health policy and clinical decision making.

The results from the various sub-studies will be utilized to provide a fundamental re-evaluation of approaches to the issue of health care delivery and availability of treatments in resource poor settings.

Publications:

Gopal Sreenivasan. Health and justice, (Here and) There and Now, submitted for publication

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Lie RK. Ethical dilemmas and resource allocation. WHO-SEARO, New Delhi, 1999

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Lie RK. Human rights, equity and health sector reform. Commissioned paper, TDR/WHO, 2002